

# Holy Trinity Catholic Church

2818 E. Bennett St.  
Springfield, MO 65804  
417-883-3440

## Diocese of Springfield-Cape Girardeau CHRISTIAN INITIATION OF ADULTS

*Initial interview of those interested in entering  
the Catholic Church*

Date: \_\_\_\_\_

### I. Personal Information

Name: \_\_\_\_\_  
(last) (first) (middle) (suffix)

Address: \_\_\_\_\_  
(street) (city/state) (zip code)

Telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ (\_\_\_\_) \_\_\_\_ - \_\_\_\_ (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Email: \_\_\_\_\_  
(home number) (work number) (cell number)

Place of Employment: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_  
(first, last maiden name)

What Church did you formerly attend? \_\_\_\_\_

Do you belong to any secret societies such as the Masons? \_\_\_\_\_

### II. Baptismal Information

Have you ever been baptized in any Church? \_\_\_\_ Yes \_\_\_\_ No

If Yes,

Date at time of Non-Catholic Baptism \_\_\_\_\_ Age at time of Baptism \_\_\_\_\_

Church of Non-Catholic Baptism \_\_\_\_\_  
(official and complete name)

City and State of Non-Catholic Baptism \_\_\_\_\_

Name of Baptismal Sponsor(s): \_\_\_\_\_

**IMPORTANT: Can you get a Certificate of Your Baptism? \_\_\_\_ Yes \_\_\_\_ No**

**IF POSSIBLE PLEASE GET A COPY OF YOUR BAPTISMAL CERTIFICATE**

### III. Marriage Information

Are you married? \_\_\_\_ Yes \_\_\_\_ No

If Yes,

Date of Marriage: \_\_\_\_\_ Church: \_\_\_\_\_ City/State: \_\_\_\_\_

Is this your first marriage? \_\_\_\_ Yes \_\_\_\_ No

If No, you are not married:

Are you widowed? \_\_\_\_ Yes \_\_\_\_ No

Have you been divorced? \_\_\_\_ Yes \_\_\_\_ No If Yes, how many times have you been married? \_\_\_\_

(over)

**III. Marriage Information** (continued)

**If currently married:**

Present spouse's name: \_\_\_\_\_

Is this your spouse's first marriage?     Yes     No

If No,

Is your spouse widowed?     Yes     No

Has your spouse been divorced?  Yes  No

If Yes, how many times has your spouse been married? \_\_\_\_\_

Spouse's religion: \_\_\_\_\_

If spouse is Catholic, were you married within the Catholic Church or with the approval of the Catholic Church?     Yes     No

**If not currently married:**

Are you presently engaged or do you expect to marry in the future?     Yes     No

If presently engaged:

Fiancé's/Fiancée's Name: \_\_\_\_\_

Has your fiancé/fiancée been married before?  Yes     No

If Yes,

How many times has your fiancé/fiancée been married? \_\_\_\_\_

Has your fiancé/fiancée been divorced?     Yes     No

If Yes, how many times? \_\_\_\_\_

**IV. General Information**

Do you have children?     Yes     No

If Yes,

What are their names and ages? \_\_\_\_\_

Are they Baptized?     Yes     No

If Yes, in what church(es)? \_\_\_\_\_

Who are some other Catholics you know? \_\_\_\_\_

Who influenced you in inquiring about the Catholic Church? \_\_\_\_\_

Why are you interested in becoming a member of the Catholic community? \_\_\_\_\_

Can you make a commitment to be here every Thursday night during the RCIA process?        Signed: \_\_\_\_\_

Are you willing and able to observe the Sunday obligation of Keeping Holy the Lord's Day by participating at Sunday and Holy Days of Obligation Masses?   

Signed: \_\_\_\_\_

SPONSOR'S NAME: \_\_\_\_\_

SPONSOR'S ADDRESS: \_\_\_\_\_

SPONSOR'S PHONE NUMBER: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_